

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13434**

ED MAY 4 1953

BIRTH NO. _____ REG. DIST. NO. **46** PRIMARY REG. DIST. NO. **5150** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY Caldwell 0133		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livinston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 3 mi West of Hamilton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe 0513	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 452 1/2 Washington St.	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) J c. (Last) Brennan		4. DATE OF DEATH (Month) (Day) (Year) 4-26-1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-16-1904
9. AGE (In years last birthday) 49	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Miles-Moser Tobacco	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo
12. CITIZEN OF WHAT COUNTRY? USA		13. NAME OF HUSBAND OR WIFE Rose Birmingham Geneva Brennan	

13a. FATHER'S NAME James Brennan	13b. MOTHER'S MAIDEN NAME Rose Birmingham	14. NAME OF HUSBAND OR WIFE Geneva Brennan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 487-07-5884	17. INFORMANT'S SIGNATURE OR NAME James J. Brennan ADDRESS 401 S. Dudley St. Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Skull & Jaw.	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Auto Accident	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 3 mi W. Hamilton	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hamilton Caldwell Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-26-53 4:30 PM	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> AT WORK	21f. HOW DID INJURY OCCUR? Auto Accident

22. I hereby certify that I attended the deceased from **not**, 19 **at** **all**, 19 **at**, that I last saw the deceased alive on **19**, and that death occurred at **19** m., from the causes and on the date stated above.

23a. SIGNATURE Chas Wilson (Degree or title) C coroner Caldwell Co Mo.	23b. ADDRESS Polo Mo	23c. DATE SIGNED 4-26-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 26-53	24c. NAME OF CEMETERY OR CREMATORY St. Mary	24d. LOCATION (City, town, or county) (State) Kansas City Mo
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DATE REC'D BY LOCAL REG. 4-29-53	REGISTRAR'S SIGNATURE Gladys Jones	25. FUNERAL DIRECTOR'S SIGNATURE Brian Funeral Home Hamilton Mo ADDRESS 37-C
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

REC'D
FEB 23 1954

FEB 20 1954

REC'D
FEB 23 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision. _____ Student Embalmer No. _____

Student _____
Student Embalmer

Signed

R. Lester Dean

Licensed Embalmer No. 4472

P. O. Address Hamlet, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.